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ABSTRACT

The allied medical education accreditation process in Canada, coordinated by review committees of the Canadian Medical Association in collaboration with 36 national organizations, encompasses more than 570 accredited sites and involves approximately 120 programs in 10 allied medical disciplines. To help ensure that the accreditation process remains relevant to the needs of programs and partner organizations, a questionnaire was developed and distributed to 840 accreditation participants in March 1990, including all individuals responsible for accredited programs at community colleges, institutes of technology, and clinical sites, as well as presidents and committee members of accrediting partner organizations. A total of 600 surveys were returned for a 71% response rate. Survey results included the following: (1) 90% of the respondents were satisfied with the accreditation process; (2) 69% of the respondents believed that the benefits of accreditation are equal to or greater than the cost; (3) 67% of the respondents were in agreement with the present arrangement for paying for accreditation, although 14% viewed the current arrangement as a problem, and 5% viewed it as a major problem; (4) 87% of the respondents strongly agreed that the present objectives of accreditation should be retained with minor modifications; (5) 56% of the respondents favored the inclusion of post-diploma programs in the accreditation process; and (6) 93% of the respondents thought the time between accreditation surveys should be 5 years or less. Sixteen recommendations for program improvement and the survey instrument are included. (PAA)

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Allied Medical Education Accreditation Process Study

Final Report

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Sponsored by

The Committee on Allied Medical Education
in association with
The Committee on Health Disciplines
of
The Canadian Medical Association

May 1991

Redding & Associates

JC 930 167

ACKNOWLEDGEMENTS

The Committee on Allied Medical Education and the Committee on Health Disciplines express their appreciation to all the individuals and organizations who participated in this study. In particular, the Committees wish to thank the members of the Steering and Advisory Committees who took approximately 600 person hours from their busy schedules to attend meetings and contributed additional time for reviewing follow-up documentation.

Special thanks goes to the members of the Conjoint Committees who collectively contributed approximately 900 person hours for discussion of the results of the study.

Sincere appreciation is also extended to all those persons in accredited programs who took time to fill out questionnaires and submit their comments regarding the accreditation process. This feedback is gratefully acknowledged.

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EXECUTIVE SUMMARY

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In September 1989, a review of the allied medical education accreditation process was initiated with the assistance of an external consulting group. Two committees composed of representatives of the major stakeholders in accreditation formulated terms of reference for the review. A questionnaire was developed by the consultant, in conjunction with the Review Committees, and distributed in March 1990 to 840 participants in the accreditation process.

Between June 1990 and February 1991, the data collected from the questionnaire were reviewed and analyzed by the Review Committees, the Conjoint Committees, the Committee on Allied Medical Education and the Committee on Health Disciplines. The results indicate overwhelming support for the current philosophy and approach to the accreditation process. Specifically, the data revealed that 90% of respondents are satisfied or very satisfied with the current accreditation process; approximately 70% believe benefits received from accreditation are equal to or greater than the financial costs. Respondents also suggested minor modifications that might be made in some areas.

Recommendations to enhance the accreditation process in response to the feedback from constituents were formulated by the accreditation committees and finalized at the joint meeting of the Committee on Allied Medical Education and the Committee on Health Disciplines on February 21, 1991. The major initiatives recommended are development of a mission statement for the accreditation process, revision of accreditation philosophy and goal statements, and development of an education and communication plan for accreditation including strategies for recruitment, training and recognition of surveyors. An implementation plan will be developed by the Committee on Allied Medical Education in June 1991.

INTRODUCTION

INTRODUCTION

The allied medical education accreditation process coordinated by the Canadian Medical Association has been in existence since 1938. It involves the collaboration of 36 national organizations including certification agencies for the allied medical professions. The process is a cooperative one involving physicians, allied medical professionals, educators and hospital representatives in setting standards for educational programs and reviewing each program once every 5 years. The accreditation process currently encompasses more than 570 accredited sites involved in approximately 120 programs in 10 allied medical disciplines.

A comprehensive review of the accreditation process was initiated in September 1989, the first in a decade. The review was undertaken to help ensure that the accreditation process remains relevant to the needs of programs and partner organizations. This is considered to be particularly important in light of the rapid changes that are occurring in health care and education.

Two accreditation review committees, the Steering and Advisory Committees, were formed. These committees were composed of representatives of the Committee on Allied Medical Education (CAME), the Committee on Health Disciplines (CHD), partner organizations in accreditation and accredited programs.

The terms of reference of the accreditation review as defined by the Steering and Advisory Committees were:

- to examine the philosophy of the conjoint approach to accreditation,
- to examine the appropriateness of the objectives of accreditation and to identify measurable outcomes,
- to examine whether the accreditation process is accountable to the programs and partners and responsive to their needs, and
- to review the current accreditation process and its administration including:
 - strengths/weaknesses,
 - effectiveness/efficiency,
 - cost relative to benefits, and
 - possible modifications or alternatives.

The consulting firm of Redding & Associates was engaged to facilitate the accreditation review.

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

Questionnaire

A 79-item questionnaire covering six areas was developed. The areas covered were Accreditation Philosophy and Outcomes, Funding, Objectives, Options for On-Site Visits, Alternative Approaches and Future Modifications. The questionnaire was pre-tested on the Steering and Advisory Committees and then mailed to 840 accreditation participants in March 1990.

Sampling Approach

Questionnaires were sent to all individuals responsible for accredited programs at community colleges/institutes of technology and clinical sites. In each clinical site, either the medical director/advisor or clinical instructor/coordinator received a questionnaire. Questionnaires were distributed to every program site. The CMA Secretariat compiled the mailing list from program records and distributed questionnaires to the field.

Number of Questionnaires

	Questionnaires mailed	Questionnaires returned
Community Colleges/Institutes of Technology		
Senior Administrators, Deans, Department Heads	80	13 (Senior Administrators) 16 (Deans) 34 (Dept. Heads)
Program Directors/Coordinators, Instructors	110	49 (Program Directors/ Coordinators) 31 (Instructors)
	—	—
Total	190	143 (75% return rate)
	—	—

RESEARCH METHODOLOGY (cont.)

	Questionnaires mailed	Questionnaires returned
Hospitals/Clinical Institutions		
Senior Administrators, Dept. Heads, Managers	208	66 (Senior Administrators) 94 (Dept. Heads, Managers)
Medical Directors/Advisors of training programs	195	86
Clinical Instructors/Coordinators of training programs	141 —	131 —
Total	544 —	377 (69.3% return rate) —
Partner Societies/Associations collaborating in accreditation		
Presidents of Societies/Associations	35	29
Conjoint Committee Members	75 —	51 —
Total	110 —	80 (73% return rate) —
FINAL TOTAL	840 —	600 (71% return rate) —

RESEARCH METHODOLOGY (cont.)

To assist in the data analysis, responses were tabulated according to:

- province/territory and language,
- experience of respondents with the accreditation process,
- accreditation fee payment arrangement,
- position/title of respondent, and
- accredited discipline.

In most community colleges/institutes of technology, the administrators surveyed were responsible for programs in more than one accredited discipline. The responses were not weighted according to either the position/title of the respondent or the number of accredited disciplines within the respondent's scope of responsibility.

A complete report of all data was presented to the Accreditation Review Steering and Advisory Committees on June 4, 1990. The Review Committees analyzed the data, determined relevant findings and developed preliminary recommendations for submission to the four Conjoint Committees (Diagnostic Imaging and Medical Radiation Technologies, Medical Laboratory Technology, Respiratory Therapy, Emergency Medical Technology).

The Conjoint Committees reviewed the findings and recommendations and each submitted comments and additional recommendations to CAME/CHD.

A joint CAME/CHD meeting was held February 21, 1991. The CAME/CHD reviewed the recommendations from the Steering and Advisory Committees and Conjoint Committees, in conjunction with time/cost estimates for implementation of each recommendation. CAME/CHD agreed upon final recommendations, taking into consideration the fiscal constraints faced by all of the parties in the accreditation process. An implementation plan will be developed by the CAME in June 1991.

SUMMARY OF SURVEY RESULTS

SUMMARY OF SURVEY RESULTS

Summary Results

- Overall satisfaction with the allied medical education accreditation process is very high (90% - satisfied, 7% - dissatisfied, 3% - no opinion).
- 69% believe the benefits received are equal to or greater than the cost. (20% believe the costs are greater than the benefits; 11% express no opinion.)
- There is strong support for the present approach to the allied medical education accreditation process, although the data suggest minor modifications could be made in some areas.

Accreditation Philosophy

- There is a high level of agreement with the present nine philosophy statements. (Mean 92.8%, Range 80 - 98%)
- There is above average agreement that the present nine philosophy principles are being realized. (On a scale of 1-5, the mean is 3.76 and the range is 3.4 - 4.3)

Outcomes

- Approximately 60% of the respondents identified outcomes of accreditation.
- The most frequently mentioned outcomes were maintenance of standards, objective peer evaluation, and self-evaluation.
- Few respondents proposed methods of measuring outcomes. The most frequently listed were performance of graduates on a national examination and surveys of employers of graduates.

Funding

- Two-thirds of the respondents (67%) agree with the present fiscal arrangement. (12% - disagree, 21% - no opinion)
- The present fiscal approach is not a problem for 56% of the respondents; it is a problem for 14% and a major problem for 5%; 26% don't know; and 4% indicated it was not applicable.
- Approximately one-third (26 respondents) of the senior administrators, deans and department heads in community colleges and institutes of technology see the present fiscal approach as a problem or major problem. In the educational institutions which pay both the didactic and clinical accreditation fees, 7 of the 19 administrators view the funding approach as a major problem.

SUMMARY OF SURVEY RESULTS (cont.)

Objectives

- Respondents strongly agree that the present objectives should be retained with minor modifications. (Mean 87%, Range 66 - 95%)
- Respondents perceive that the objectives of accreditation are being achieved to an extent that is above average. (On a scale of 1-5, the mean is 3.9 and the range is 3.4 - 4.4)

On-Site Visits

First Accreditation

- Respondents overwhelmingly agree with the present approach to the first accreditation. (96%)

Reaccreditation

- 75% (388) of the respondents agree with the present approach to the reaccreditation of the diploma programs (i.e. visit all clinical sites that offer a significant portion of a program.)
- Of the 25% (110 respondents) who disagree with visiting all clinical sites, the only optional approach which received significant support (78%) was to visit sites selected through a review of documentation.

Post Diploma Programs

- 56% (258) of the respondents favour the inclusion of post diploma programs in the allied medical education accreditation process.
- Respondents with Ultrasound or Cardiovascular Perfusion experience (58 respondents) indicate a higher degree of support for including post diploma programs as part of the Allied Medical Education Accreditation process. (Ultrasound 71%, Cardiovascular Perfusion 94%)

SUMMARY OF SURVEY RESULTS (cont.)

Ultrasound and Cardiovascular Perfusion

- Respondents who presently have Ultrasound and Cardiovascular Perfusion programs want the current process to continue as is. (Ultrasound 77%, Cardiovascular Perfusion 85%)

Time Between Surveys

- 93% of all groups want the time between surveys to be 5 years or less.

Alternative Approaches

- Of the 17 alternative approaches presented, three received favourable responses. They were:
 - modification of the survey report to include descriptive sections and checklist,
 - survey of more than one discipline during the on-site visit (multi-program surveys), and
 - computerized documentation.

Future Modifications

- A majority of the respondents were satisfied with the present administrative approach to accreditation. (Mean 72%, Range 59-90)
- Minor modifications were recommended in some areas.

RECOMMENDATIONS

RECOMMENDATIONS

PHILOSOPHY

Recommendation 1

A MISSION STATEMENT ON ACCREDITATION
SHOULD BE DEVELOPED AND PUBLISHED.

Recommendation 2

THE EXISTING ACCREDITATION PHILOSOPHY
STATEMENTS SHOULD BE REVIEWED AND
REWORDED WHERE APPROPRIATE.

The data indicate strong support for the underlying philosophy of accreditation but suggest changes in the wording and emphasis of the existing statements. The following specific modifications have been suggested:

- add a statement defining who is served by accreditation;
- delete specific reference to government;
- separate operational issues from philosophical principles;
- emphasize the non-prescriptive nature of the process;
- clarify that research on accreditation should be in the form of ongoing self-evaluation and monitoring of the process.

Recommendation 3

AN EDUCATION AND COMMUNICATION PLAN
FOR ACCREDITATION SHOULD BE DEVELOPED.

The data indicate a need for better understanding of the philosophy and goals of accreditation on the part of all participants in the process. It is believed that enhanced education and communication will help to address this need. It has been suggested that target groups be identified (e.g. professional groups, accredited programs, government) and appropriate information be provided to each group. The communication plan will focus not only on the philosophy and goals, but on the benefits and positive contributions of accreditation to health care. The plan will include processes for recruitment, education and recognition of surveyors in conjunction with the partner organizations and the Conjoint Committees (see recommendation 12).

Recommendation 4

RESEARCH ON ACCREDITATION SHOULD BE ACTIVELY ENCOURAGED, IF FUNDED AND CONDUCTED AT ARMS' LENGTH TO THE ACCREDITATION PROCESS.

All groups believe that research on accreditation and its outcomes is desirable, however, it is generally agreed that limited financial resources within the accreditation process make extensive research unaffordable. It has been agreed that research within the accreditation process will be limited to continued self-evaluation and improvement, with particular focus on the effectiveness of the process in meeting its mission statement, philosophy and objectives. It is agreed that more extensive research on accreditation will need to be conducted with resources external to the process.

OBJECTIVES

Recommendation 5

THE CURRENTLY-STATED OBJECTIVES OF ACCREDITATION SHOULD BE REVIEWED, REWRITTEN AND PRIORITIZED AS GOAL STATEMENTS, CONSISTENT WITH THE REVISED ACCREDITATION PHILOSOPHY STATEMENTS.

The data and discussions indicate support in principle for the currently-stated objectives of accreditation, but it is thought that the wording and emphasis require modification. The following specific changes have been suggested:

- emphasize the national scope of the accreditation process;
- clarify that the role of accreditation is to ensure the competence not the supply of practitioners;
- clarify the role of accreditation in encouraging staff professional development and maintenance of program currency;
- clarify the assisting role of accreditation with regard to new programs;
- delete reference to accreditation as a protection for programs from regional constraint; emphasize its role in maintaining national standards;
- add a statement regarding the role of accreditation in promoting integration of the didactic and clinical components of programs;
- add a statement regarding the role of accreditation in providing public recognition for programs which meet the national standards.

In addition, it is suggested that a glossary of accreditation terms be developed.

FUNDING

Recommendation 6

THE CURRENT FUNDING APPROACH FOR ACCREDITATION SHOULD BE MAINTAINED, INCLUDING RECOVERY OF DIRECT SURVEY COSTS THROUGH ANNUAL PROGRAM FEES.

The current approach to funding has been strongly endorsed, notwithstanding the current climate of fiscal restraint in health care and education. Some colleges and institutions, particularly those that pay the accreditation fees for all of their clinical sites, expressed specific concerns regarding the current funding approach. It appears a contributing factor for these institutions may be the internal funding arrangements for the clinical site accreditation fees. The Committee on Allied Medical Education and the Committee on Health Disciplines are sensitive to these funding issues and, upon request, would be willing to provide further clarification of the current funding approach and its rationale.

ON-SITE VISITS

Recommendation 7

THE ACCREDITATION SURVEY PROCESS, THROUGH THE CONJOINT COMMITTEES, SHOULD CONTINUE TO BE FLEXIBLE AND RESPONSIVE TO THE NEEDS OF EACH DISCIPLINE.

Recommendation 8

THE CURRENT ON-SITE SURVEY MODEL AND TIME FRAME SHOULD BE MAINTAINED, I.E. VISIT ALL SITES OFFERING A SIGNIFICANT PORTION OF A PROGRAM, RE-VISIT EVERY 5 YEARS.

The data indicate strong support for the existing survey model. It is recognized that the current on-site survey process has been adapted for specific disciplines, for example, emergency medical technology and ophthalmic medical assisting technology. This approach is strongly supported. All groups believe the accreditation process should continue to be flexible enough to accommodate the needs of established disciplines, for example, medical laboratory technology and radiography, as well as the smaller, more recently established groups such as emergency medical technology.

The overwhelming majority of respondents (93%) want the time between surveys to be 5 years or less. Some respondents suggested that more frequent surveys should be conducted in the case of new programs and programs which receive conditional accreditation. It is recognized that the current survey process makes provision for Conjoint Committees to conduct resurveys within the 5-year time frame under specific circumstances, for example, in the case of a conditional accreditation or a new program, or when there are significant changes to an accredited program. It is believed that the current provisions are sufficiently flexible.

ALTERNATIVE APPROACHES, FUTURE MODIFICATIONS

Recommendation 9

THE CONJOINT COMMITTEES AND SECRETARIAT SHOULD CONTINUE TO STREAMLINE ACCREDITATION PROCEDURES BUT MAINTAIN A BALANCE BETWEEN EFFICIENCY AND COST EFFECTIVENESS.

The data indicate general support for increased computerization in the accreditation process. It is recognized that efforts in this area are ongoing, for example, laptop computers have recently been introduced to streamline the report writing process for on-site surveys. These efforts are supported by all groups, however, it is noted that the cost implications of any new initiatives must be taken into consideration to ensure a balance between efficiency and cost effectiveness.

On-Site Surveys

Recommendation 10

THE CONJOINT COMMITTEES SHOULD CONTINUE TO CONDUCT COMBINED/MULTI-PROGRAM SURVEYS WHERE POSSIBLE, FOR EXAMPLE, COMBINED SURVEYS OF RADIOGRAPHY AND ULTRASOUND PROGRAMS.

Recommendation 11

THE CONJOINT COMMITTEES SHOULD ESTABLISH A PREFERRED COMPOSITION FOR SURVEY TEAMS IN EACH DISCIPLINE.

The vast majority of respondents (92%) indicated a preference for discipline-specific survey teams, and 88% did not want to decrease the number of team members on each survey. At the same time, approximately half (52%) thought that combining surveys was desirable (more than one program per visit). It is recognized that combined surveys are currently conducted in related disciplines, for example, the survey of a radiography program may be combined with the survey of either an ultrasound program or a radiation therapy program in the same institution(s); surveys of emergency medical technology programs at different levels offered by the same institution are usually conducted concurrently. All groups agree that each Conjoint Committee should continue to combine surveys upon request, when considered appropriate.

Recommendation 12

**SURVEYOR RECRUITMENT, TRAINING AND
RECOGNITION SHOULD BE PRIORITIES FOR
THE CONJOINT COMMITTEES.**

All respondents and groups indicated strong support for accreditation as a peer review process. It was noted that surveyor training and development are critical to achieve consistency and objectivity in the survey process. In this regard, it is thought that current educational initiatives such as the Guide for Surveyors and on-site orientation for potential and new surveyors should be continued and expanded. As well, it is recommended that an active program of surveyor recruitment be undertaken through promotion of accreditation to partner organizations and accredited programs. It is also believed that there is a need to develop a formal surveyor recognition program to acknowledge and publicize the significant volunteer contributions made to accreditation by surveyors.

Pre-survey Documentation

Recommendation 13

**INSTITUTIONS SHOULD BE ENCOURAGED, WITHIN
GUIDELINES, TO STREAMLINE THEIR APPLICATIONS
FOR ACCREDITATION BY PROVIDING WHERE POSSIBLE
GENERIC OR COMMON INFORMATION WHICH APPLIES
TO SEVERAL PROGRAMS.**

Recommendation 14

**THE APPLICATION FORMAT SHOULD BE MODIFIED TO
INCLUDE HISTORICAL AND CONTEXTUAL
INFORMATION ON THE PROGRAM/INSTITUTION.**

Many institutions which offer several accredited programs expressed concern about the time and cost involved in preparing their applications for accreditation. The accreditation committees are sensitive to these concerns and the need to ensure that the documentation required for accreditation is appropriate and relevant.

It is thought that information common to a number of programs could be consolidated by the institution to decrease the time required to prepare each application. This is now being done by some institutions and programs, particularly in the area of common clinical submissions. These initiatives will be encouraged and publicized by the Conjoint Committees and secretariat.

Survey Report

Recommendation 15

THE EXISTING NARRATIVE SURVEY REPORT SHOULD BE MAINTAINED, AND THE FORMAT SHOULD CONTINUE TO BE ADAPTED TO ENHANCE EFFICIENCY. THE USE OF A CHECKLIST IN ADDITION TO THE NARRATIVE REPORT SHOULD BE INVESTIGATED.

A majority of respondents indicated satisfaction with the current narrative report format; the most frequently suggested modification was incorporation of a checklist. Some concern was expressed about the length of time between the on-site visit and receipt of the written survey report by the program. It is recognized that the time required for processing of the survey report has recently been reduced significantly through the on-site use of laptop computers. This initiative is widely supported.

Some respondents reported concerns regarding the consistency of survey reports. It is believed that an enhanced surveyor training program (see recommendation 13) will help to address these concerns.

Basis of Accreditation

Recommendation 16

THE OVERALL CONCEPTUAL APPROACH OF THE BASIS OF ACCREDITATION SHOULD BE MAINTAINED AND THE CONTENT SHOULD CONTINUE TO BE UPDATED ANNUALLY BY THE CONJOINT COMMITTEES AND CAME BASED ON FEEDBACK FROM PROGRAMS AND SURVEYORS.

The data indicates widespread support for the current approach to the Basis of Accreditation, although concern was expressed by some respondents regarding ambiguity in the wording of certain areas. All groups thought ongoing review and revision of the Basis is important, as well as correlation of the requirements with the philosophy and goals of accreditation.

ISSUES FOR FUTURE CONSIDERATION

ISSUES FOR FUTURE CONSIDERATION

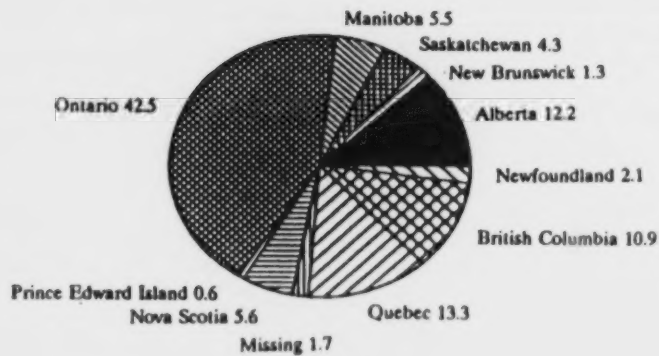
The present study was designed to review the various aspects of the existing conjoint accreditation process. As the survey data and discussions indicate, the majority of partners and participants are satisfied with the existing process. It is recognized by individuals involved in accreditation that the process will need future adjustments, and possibly major shifts in emphasis, to respond to changes over the next 5 to 10 years brought about by new technologies, continuing cost constraints, professional regulatory processes and the changing roles of health care professionals. The present study was not intended to deal with "future scenarios" in health care and medicine and the corresponding changes that would be necessary in the accreditation process. The Steering and Advisory Committees, Conjoint Committees and the CAME/CHD all agree that the "future of accreditation" should be explored as a follow-up project.

A second area for further study is the assessment of outcomes of the accreditation process. The survey produced limited data on accreditation outcomes and their measurement. Discussion in the various groups suggested that better research and information was needed to arrive at any conclusions regarding accreditation outcomes. All parties agree this is an area for future investigation.

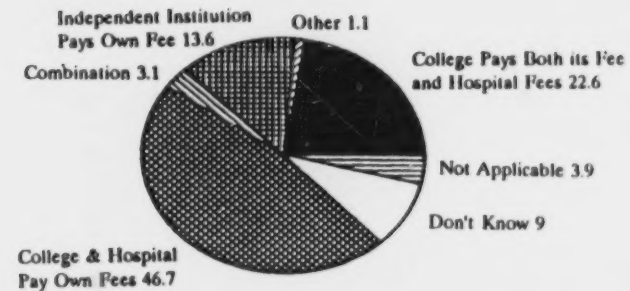
Appendix A

RESPONDENT DEMOGRAPHICS (%)

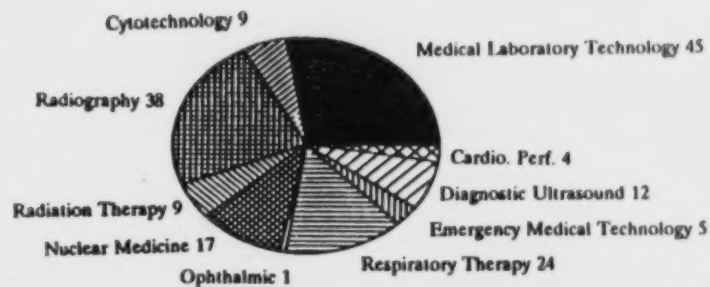
**Response Rate
Provincial/Territory**



**Response Rate
Funding Format**

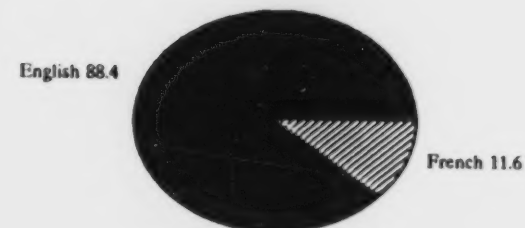


**Response Rate
Disciplines**



Note: Respondents could choose more than one discipline.

**Response Rate
Language**



28 **Hadding & Associates**

Appendix B

Survey
of the

Allied Medical Education
Accreditation Process

March 1990

Sponsored by: The Committee on Allied Medical Education in
association with the Committee on Health Disciplines of the
Canadian Medical Association.

This survey is an important part of a global review of the accreditation process. A major objective of the review is to ensure the accreditation process remains relevant to the needs of accredited programs and partner organizations.

We would appreciate your completion of this questionnaire. Your input will help us to review the current accreditation process, identify areas that might be modified and plan for the future.

**Participating Disciplines in the Allied Medical Education
Accreditation Process**

Medical Laboratory Technology

Cytotechnology

Radiography

Radiation Therapy Technology

Nuclear Medicine Technology

Diagnostic Ultrasound Technology

Respiratory Therapy

Emergency Medical Technology

Ophthalmic Medical Assisting Technology

Cardiovascular Perfusion Technology

When you have completed this questionnaire, please return it to the Canadian Medical Association in the enclosed postage-paid envelope by March 30, 1990.

THANK YOU FOR PARTICIPATING

Survey of the Allied Medical Education Accreditation Process

(PLEASE CIRCLE ONE CODE NUMBER FOR EACH ITEM UNLESS OTHERWISE INSTRUCTED.)

1. Overall, how satisfied are you with the Allied Medical Education Accreditation process?

Very satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No opinion
4	3	2	1	0

2. Overall, what is your evaluation of the cost vs. the benefit received from the Allied Medical Education Accreditation process?

Benefit much greater than cost	Benefit somewhat greater than cost	Benefit equals cost	Cost somewhat greater than benefit	Cost much greater than benefit	No opinion
5	4	3	2	1	0

3. What type of experience have you had with the following health education program accreditation processes within the last ten years?

Type of Experience (Circle as many as apply.)

	No experience	As recipient	As Surveyor	As member of Accreditation Committee	Other
Allied Medical Education (CMA & partners)	1	2	3	4	5
Postgraduate Medical Education(RCPSC)	1	2	3	4	5
Dental Auxiliaries Education (CDA)	1	2	3	4	5
Medical Education (CACMS/LCME)	1	2	3	4	5
Nursing Education (Provincial approval)	1	2	3	4	5
Other: (Specify)	1	2	3	4	5

4. What has been your satisfaction level with each approach to accreditation with which you have had experience in the last 10 years?

(Circle one for each item.)

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Opinion
Allied Medical Education (CMA & partners)	4	3	2	1	0
Postgraduate Medical Education(RCPSC)	4	3	2	1	0
Dental Auxiliaries Education(CDA)	4	3	2	1	0
Medical Education (CACMS/LCME)	4	3	2	1	0
Nursing Education (Provincial approval)	4	3	2	1	0
Other: (Specify)	4	3	2	1	0

5. In your opinion what are the three most beneficial outcomes of the Allied Medical Education Accreditation process? How could they be measured?

1) _____

2) _____

3) _____

Philosophy

The present approach to Allied Medical Education Accreditation is based on certain philosophical beliefs. Please complete the following two-step evaluation of the philosophical statements numbered 6 through 14.

Step A - Indicate whether you Agree/Disagree/have No opinion on each philosophy statement. **Step B** - Indicate the extent to which you believe each is being realized through the present approach to accreditation using a scale from 1 to 5, where 1 means 'being realized to a very little extent' to 5, 'being realized to a very great extent'.

Philosophical Statements:

6. "The accreditation process is a peer review mechanism."

(Circle one.)

A) Agreement

Agree	Disagree	No opinion
1	2	0

(Circle one.)

B) Extent to which it is being realized.

To a very little extent			To a very great extent		No Opinion
1	2	3	4	5	0

7. "The accreditation process should remain non-governmental in its sponsorship."

A) Agreement

Agree	Disagree	No opinion
1	2	0

B) Extent to which it is being realized.

To a very little extent			To a very great extent		No Opinion
1	2	3	4	5	0

8. "The accreditation process is a partnership providing equality of status for all partners."

A) Agreement

Agree	Disagree	No opinion
1	2	0

B) Extent to which it is being realized.

To a very little extent			To a very great extent		No Opinion
1	2	3	4	5	0

9. "The accreditation process is a supplement to, rather than a substitute for, program self-evaluation."

A) Agreement

Agree	Disagree	No opinion
1	2	0

B) Extent to which it is being realized

To a very little extent			To a very great extent		No Opinion
1	2	3	4	5	0

10. "The evaluative criteria for accreditation should allow and encourage program flexibility, innovation and maturity."

A) Agreement

Agree	Disagree	No opinion
1	2	0

B) Extent to which it is being realized

To a very little extent			To a very great extent		No Opinion
1	2	3	4	5	0

Philosophical Statements (cont.)

11. "The intent of accreditation is not to limit or set the objectives of an educational program but rather to ensure that the specific objectives required for accreditation are encompassed within them."

(Circle one.)

A) Agreement

Agree Disagree No opinion

1 2 0

(Circle one.)

B) Extent to which it is being realized

To a very
little extent

1 2 3

To a very
great extent

4 5

No
Opinion

0

12. "An educational program, regardless of the number of affiliated institutions, shall be evaluated as a whole, each institution being evaluated on the basis of its relationship to the total program goals".

A) Agreement

Agree Disagree No opinion

1 2 0

B) Extent to which it is being realized

To a very
little extent

1 2 3

To a very
great extent

4 5

No
Opinion

0

13. "Confidentiality of information gained during the conduct of an accreditation survey must be respected."

A) Agreement

Agree Disagree No opinion

1 2 0

B) Extent to which it is being realized

To a very
little extent

1 2 3

To a very
great extent

4 5

No
Opinion

0

14. "Research on the criteria for and procedures of accreditation should be an ongoing process."

A) Agreement

Agree Disagree No opinion

1 2 0

B) Extent to which it is being realized

To a very
little extent

1 2 3

To a very
great extent

4 5

No
Opinion

0

15. Write in any philosophical statement on accreditation that you believe should be modified or added.

Funding

Beginning in 1990, the cost associated with direct pre and post survey administration will be recovered from fees paid by programs. The new administration fee component will be phased in over three years with full implementation by 1992. This is in addition to the travel and maintenance expenses of the surveyors that are already paid by programs. Cost for Conjoint Committee meetings and administrative cost for committee work and liaison activities will continue to be covered by the CMA and partner organizations (national technology and medical specialty societies, hospital and college associations).

16. What is your current arrangement for payment of the accreditation fee?

(Circle one.)

- | | |
|--|--|
| College pays both its fee and hospital fees. 1 | Combination, more than one of the previously listed approaches (1-3) 4 |
| College and hospital(s) pay their own fee. 2 | Other 5 |
| Independent institution pays its own fee. 3 | Don't know. 6 |
| | Not applicable. 7 |

Fiscal Approach

Accreditation costs are divided into four categories. The table below shows the fiscal approach for the four categories of cost.

Category of Cost	Approximate Total Annual Cost	Who Pays
1. On-site survey costs (travel & maintenance)	\$135,000	Accredited Institutions
2. Direct pre and post survey administrative costs	\$130,000	Prior to 1990 - CMA Effective 1990 - Accredited Institutions (phased in by 1992)
3. Conjoint Committee meeting costs	\$100,000	CMA & Partners
4. Conjoint Committee administrative and liaison costs	\$135,000	CMA & Partners

17. Do you agree with the fiscal approach?

(Circle one.)

- | | | |
|-------|----------|------------|
| Agree | Disagree | No Opinion |
| 1 | 2 | 0 |

18. When the additional fee component for direct pre and post survey administration is fully implemented in 1992 the annual additional cost will be approximately \$250 per discipline, per institution. What impact will this change in fee component have on your institution/program?

(Circle one.)

- | | | |
|---------------------------|---|------------------|
| None 1 | A major problem 4 | Don't know 6 |
| Some, but not a problem 2 | Will have to drop out of the accreditation process. 5 | Not applicable 7 |
| A problem 3 | | |

19. If your clinical site's accreditation fee is currently paid by a college, would your hospital be willing to pay its clinical site accreditation fee?

(Circle one.)

Yes	No	Don't know	Not applicable
1	2	3	4

20. If the accreditation process were threatened to be discontinued due to lack of funding, would your organization be willing to pay a larger share of the costs to keep it?

(Circle one.)

Yes	No	Don't know
1	2	3

21. Government and students have been suggested as other sources of funds to cover accreditation costs. Do you favor the following proposed options?

	Yes	No	No opinion
Direct government funding support for accreditation should be sought.	1	2	0
Students enrolled in accredited programs should be assessed an extra fee to help offset the cost of accreditation.	1	2	0

22. Write in any suggestions you have for modifying the current fiscal approach.

Objectives

The present approach to accreditation strives to achieve certain objectives. Please indicate the extent to which you believe each is being achieved, using the scale of 1 to 5, 1 being 'to a very little extent' and 5, 'to a very great extent'. If you don't know, circle 6. Then indicate whether the objective should be retained, deleted or modified for the future.

Objectives	Extent of achievement						Retention, deletion or modification for the future?				
	To a very little extent			To a very great extent			Don't Know	Retain	Delete	Modify	Don't Know
23. To assist in maintaining national standards for education in allied medical disciplines.	1	2	3	4	5	6		1	2	3	6
24. To help insure a supply of competent practitioners.	1	2	3	4	5	6		1	2	3	6
25. To give educational programs a national perspective.	1	2	3	4	5	6		1	2	3	6
26. To protect programs, if necessary, from regional constraint.	1	2	3	4	5	6		1	2	3	6
27. To provide an 'external' audit for programs.	1	2	3	4	5	6		1	2	3	6
28. To supplement program self-evaluation.	1	2	3	4	5	6		1	2	3	6
29. To encourage program personnel to monitor changing patterns of practice and developments in health care.	1	2	3	4	5	6		1	2	3	6
30. To ensure health care practices are reflected in educational programs.	1	2	3	4	5	6		1	2	3	6
31. To promote portability of qualifications for graduates of nationally accredited programs.	1	2	3	4	5	6		1	2	3	6
32. To advise and assist new educational programs.	1	2	3	4	5	6		1	2	3	6

33. Write in any modification to the present objectives or any new objectives that you propose.

Options for On-Site Visits

Several options have been suggested to decrease the cost associated with on-site clinical visits during the accreditation process. The alternatives suggested vary by type of program (diploma or post-diploma), by program status (first accreditation or reaccreditation) and by the length of time between surveys.

First Accreditation

For a new program, the following procedure is currently followed: Each participating institution that offers a significant portion of the program submits an application for accreditation. If the applications are satisfactory, an on-site survey of all participating institutions is conducted.

- | | Agree | Disagree |
|--|-------|----------|
| 34. The current procedure is appropriate for a first time accreditation. | 1 | 2 |
| 35. If you disagree, what changes do you suggest? | | |
| | | |
| | | |

Reaccreditation

Indicate options you agree/disagree with for reaccreditation of diploma programs.

- | | Agree | Disagree |
|---|-------|----------|
| 36. Maintain the current process: visit all clinical sites that offer a significant portion of the program. (If you agree, skip to Q.43. If you disagree, answer Q.37 - 42) | 1 | 2 |
| 37. Visit only sites selected through document review. | 1 | 2 |
| 38. Visit only sites selected by the program. | 1 | 2 |
| 39. Visit a random sample of sites. | 1 | 2 |
| 40. Visit only sites with three or more students. | 1 | 2 |
| 41. For sites not visited, bring clinical personnel to the didactic site for interviews. | 1 | 2 |
| 42. Other Options | | |

Post Diploma Programs

43. Should the Allied Medical Education Accreditation process include accreditation of post diploma programs?

(Circle one.)

Yes	No	No Opinion
1	2	0

44. Do you have experience with Diagnostic Ultrasound and/or Cardiovascular Perfusion accreditation? (If no, skip to question #52. If yes, complete Q. 45 -51.)

(Circle one.)

Yes	No
1	2

Post diploma programs currently accredited are Diagnostic Ultrasound & Cardiovascular Perfusion. It has been suggested that different approaches may be needed for each. Indicate which of the following approaches you agree/disagree with for Ultrasound and/or Perfusion.

	Diagnostic Ultrasound programs		Cardiovascular Perfusion programs	
	Agree	Disagree	Agree	Disagree
45. Maintain the current process: visit all clinical sites that offer a significant portion of the program. (If you agree with both, skip to Q.52. If you disagree with either, answer Q.46-51.)	1	2	1	2
46. Visit only sites selected through document review.	1	2	1	2
47. Visit only sites selected by the program.	1	2	1	2
48. Visit a random sample of sites.	1	2	1	2
49. Visit only sites with three or more students.	1	2	1	2
50. For sites not visited, bring clinical personnel to the didactic site for interviews.	1	2	1	2
51. Other options:				

Time Between Accreditation Surveys

52. How much time should there be between accreditation surveys ?

No. of Years (Circle one.)

- | | | | | | | |
|--|----|---|---|---|---|----|
| a) For diploma programs that received full accreditation at the last survey | <4 | 4 | 5 | 6 | 7 | >7 |
| b) For diploma programs that received conditional accreditation at the last survey | <4 | 4 | 5 | 6 | 7 | >7 |
| c) For Diagnostic Ultrasound programs | <4 | 4 | 5 | 6 | 7 | >7 |
| d) For Perfusion programs | <4 | 4 | 5 | 6 | 7 | >7 |
| e) For new programs (time between 1st & 2nd survey) | <4 | 4 | 5 | 6 | 7 | >7 |

Alternative Approaches

Alternative approaches have been suggested for the Allied Medical Education Accreditation process. Please indicate whether you advocate each item. If yes, indicate what probable impact it would have on cost and quality of the accreditation process.

<u>Alternative Approaches:</u>	Advocate this approach Yes No		If <u>YES</u> , the probable impact on:					
			Cost			Quality		
			Lower	Same	Higher	Lower	Same	Higher
53. Replace the present approach with a government sponsored process.	1	2	1	2	3	1	2	3
54. Replace the national accreditation process with a provincial accreditation process.	1	2	1	2	3	1	2	3
55. Replace discipline specific survey teams with non-discipline specific survey teams.	1	2	1	2	3	1	2	3
56. Replace volunteer accreditation teams with professional evaluators.	1	2	1	2	3	1	2	3

Alternative Approaches (cont.)

<u>Alternative Approaches:</u>	Advocate This Approach		If <u>YES</u> , the probable impact on:					
	Yes	No	Cost			Quality		
			Lower	Same	Higher	Lower	Same	Higher
57. Decrease the number of team members on each survey.	1	2	1	2	3	1	2	3
58. Limit the number of disciplines to be included in the conjoint process in the future.	1	2	1	2	3	1	2	3
59. Let each professional technological association conduct its own accreditation process.	1	2	1	2	3	1	2	3
60. Increase the amount of time spent on site by survey teams.	1	2	1	2	3	1	2	3
61. Modify final survey reports from descriptive reports to checklists.	1	2	1	2	3	1	2	3
62. Modify final survey reports to include descriptive reports and check lists.	1	2	1	2	3	1	2	3
63. Spend more administrative dollars to decrease the time required to send the final survey report to the program (currently 3 months).	1	2	1	2	3	1	2	3
64. Conduct multi-program surveys (more than one program per visit).	1	2	1	2	3	1	2	3
65. Conduct accreditation through document reviews only.	1	2	1	2	3	1	2	3
66. Increase the use of computerized documentation with provision for regular update.	1	2	1	2	3	1	2	3
67. Other alternative approaches:								

Future Modifications in the Accreditation Process

For each of the following aspects of the accreditation process, indicate the degree to which you believe modifications are needed for the future.

(Circle one.)

	No Modification Needed	Minor Modification Needed	Major Modification Needed	No Opinion
68. Pre-survey documenta- tion	1	2	3	0
69. Survey reports	1	2	3	0
70. Surveyor recruitment and training	1	2	3	0
71. Basis of Accreditation	1	2	3	0
72. Conjoint Committee structure/function	1	2	3	0
73. Secretariat structure/ function	1	2	3	0

74. If you indicated that minor or major modification(s) are needed for the future, identify the specific modification(s) you would propose.

So that we can see how your opinions compare with those of other people, please provide the following information.

75. What is your position/title? Choose the title closest to your title. (Check as many as apply.)

Community College/Institute of Technology

Senior Administrator (President, Vice President, etc.) ☐

Dean ☐

Department Head/Chairperson ☐

Program Coordinator ☐

Instructor ☐

Hospital/Clinical Institution

Senior Administrator (Exec. Dir., Ass't. Exec. Dir., etc.) ... ☐

Department Director/Manager ☐

Medical Director/Advisor for Technology Training Program(s) ☐

Clinical Instructor/Coordinator for Technology Training Program(s) ... ☐

Partner Society/Association Collaborating in Accreditation

Executive member of Society/ Association ☐

Conjoint Committee member ☐

76. Check the province/territory in which you live.

Northwest Territories. ☐

British Columbia ☐

Alberta ☐

Saskatchewan .. ☐

Manitoba ☐

Ontario. ☐

Quebec ☐

New Brunswick ☐

Nova Scotia. ☐

Prince Edward Island ☐

Newfoundland ☐

77. Check the accredited disciplines in which you are involved.

Medical Laboratory Technology ☐

Cytotechnology ☐

Radiography ☐

Radiation Therapy Technology ☐

Nuclear Medicine Technology..... ☐

Diagnostic Ultrasound Technology .. ☐

Respiratory Therapy ☐

Emergency Medical Technology... ☐

Ophthalmic Medical Assisting Technology ☐

Cardiovascular Perfusion Technology ☐

78. Please PRINT your name and list your telephone number if you are willing to be contacted for a follow-up discussion.

Name: _____ Tel. # () _____

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- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for your cooperation.